## 2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

SIGNATURE: .

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

## Mar 07, 2007 08:00 AM Secretary of State DOCUMENT # A98000002885 1. Entity Name THE PIAZZA FAMILY LIMITED PARTNERSHIP Principal Place of Business Mailing Address 13777 BELCHER ROAD S. 😁 13777 BELCHER ROAD LARGO, FL 33771 LARGO, FL 33771 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01162007 CR2E003 (12/06) Chg-LP City & State City & State 4. FEI Number Applied For 59-3553754 Not Applicable Zìp Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PIAZZA, JOHN J SR. Street Address (P.O. Box Number is Not Acceptable) 13777 BELCHER ROAD S. LARGO, FL 33771 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00 A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. 13. P95000049414 DOCUMENT # STREET ADDRESS NAME PIAZZA REALTY CORP. STREET ADDRESS 13777 BELCHER ROAD S. CITY-ST-ZIP U00000658941 CITY-ST-ZIP LARGO, FL 33771 <del>03/16/07-80</del>010-003 500.00 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

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